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U.S. PTO  
JC846

PTO/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

PRO

Address to:

Assistant Commissioner for Patents  
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Washington, DC 20231

Attorney Docket No.	24457B
First Named Inventor	Phillips
Original Patent Number	6,014,847
Original Patent Issue Date (Month/Day/Year)	1/8/00
Express Mail Label No.	EL846771373US

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

## ACCOMPANYING APPLICATION PARTS

1.  Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (amended, if appropriate)
4.  Drawing(s) (proposed amendments, if appropriate)
5.  Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6.  Power of Attorney
7. Original U.S. Patent currently assigned?  Yes  No  
(If Yes, check applicable box(es))
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8.  CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM (2 copies) or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

10.  Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11.  Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
12.  Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
14.  English Translation of Reissue Oath/Declaration (if applicable)
15.  Preliminary Amendment
16.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 22889 or  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/Type)	Inger H. Eckert	Registration No. (Attorney/Agent)	38,017
Signature		Date	January 18, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
24457B

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 45	**** 25 =	x \$ _____ =		or	x \$ 18 = 450.00	
(C) 8	Independent claims (37 CFR 1.16(i))	(D) 8	* 5 =	x \$ _____ =			x \$ 84 = 420.00	
Basic Fee (37 CFR 1.16(h)) \$ _____				\$ 740.00				
Total Filing Fee \$ _____				OR \$ 1610.00				

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
Total Additional Fee \$ _____				OR \$ _____				

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 50-0568 in the amount of \$ 1610.00. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_ . A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

January 18, 2002  
Date

Signature of Applicant, Attorney or Agent of Record

Inger H. Eckert

Typed or printed name